

Adding New Courses in CTE

*NEW SECONDARY PROGRAM IN CAREER AND TECHNICAL EDUCATION

Prior to offering a class for credit or receiving state reimbursement for a vocational program, it must appear on

- the State Board of Education Approved Course and Program Descriptions for Indiana Schools
- on the school's list of approved courses
- on the school's *program inventory on file with DWD

As of January 1, 2005, to begin offering a new course, the new program approval and notification process must be completed using the "New Secondary Program in Career and Technical Education" form attached.

Process for local approval:

1. Identify the program area of interest.
 - Determine the state-approved course title and check to see if it is on the school's program inventory. (If the course appears on the program inventory, new program approval is not needed.)
 - Create an advisory committee for the program area and determine need for the program, including sending school support, no similar programs (or insufficient capacity of programs) offered in district, student interest, and financial resources available to start the program.
 - Complete the "New Secondary Career and Technical Education Program" form.
 - Secure local board approval.
 - Send to district governing board (area vocational district in most cases) for approval.
 - Once approved, the district governing board will send copies of the "New Secondary Career and Technical Education Program" to the Indiana Department of Education and the Department of Workforce Development.
2. Send to:
 - Tina Lovelady, Office Manager
Office of Career and Technical Education
Indiana Department of Education
151 West Ohio Street
Indianapolis, IN 46204
 - Chris Deaton
Department of Workforce Development
10 N. Senate Ave.
Indianapolis, IN 46202

NEW SECONDARY PROGRAM IN CAREER AND TECHNICAL EDUCATION

1. LEA Name: _____ 2. LEA Number _____

3. School Name: _____ 4. School Number _____

5. District Governing Board/Area Vocational District Name: _____

6. District Governing Board/Area Vocational District Number: _____

7. County: _____ 8. Anticipated Start Date: _____

9. New Program Cluster

- | | |
|--|---|
| <p>_____ Agriculture, Food & Natural Resources</p> <p>_____ Architecture & Construction</p> <p>_____ Arts, A/V Technology & Communications</p> <p>_____ Business, Management & Administration</p> <p>_____ Education & Training</p> <p>_____ Finance</p> <p>_____ Government & Public Administration</p> <p>_____ Health Science</p> | <p>_____ Hospitality and Tourism</p> <p>_____ Human Services</p> <p>_____ Information Technology</p> <p>_____ Law, Public Safety, Corrections & Security</p> <p>_____ Manufacturing</p> <p>_____ Marketing, Sales & Service</p> <p>_____ Science, Technology, Engineering & Mathematics</p> <p>_____ Transportation, Distribution & Logistics</p> |
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10. CIP Code Number _____

11. DOE Course Number _____

12. DOE Course Title _____

13. Number of credits per year _____

14. Teacher(s) for this Program

Last Name	First Name	MI	Teacher Certification (License) Number
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15. The Applicant assures that:

- A. The course/program is available to all students of legal age
(Indiana Code 20-10. 1-6-6)
- B. Compliance will occur with all rules, policies and regulation governing career & Technical Education
- C. An advisory board is established and active (attach membership list and minutes), ensuring:
 - a. State standards specific to this course/ program have been reviewed and are in compliance
 - b. Resources (including facilities, equipment, software, etc.) are Appropriate
 - c. Curriculum and assessment strategies are appropriate
- D. Regular advisory board meetings will occur at least annually to ensure continued compliance with a), b), and c) above

Signature _____ Date _____

Printed name of applicant's representative: _____

Contact information of applicant:

Phone _____

Mailing address: _____

Email address: _____

16. Governing Board/Area Career and Technical Education District Board approval

☐ Approve

☐ Disapprove

Signature _____ Date _____

Printed name of applicant's representative: _____

Contact information of Governing Board/CTE Area District Director:

Phone _____

Mailing address: _____

Email address: _____